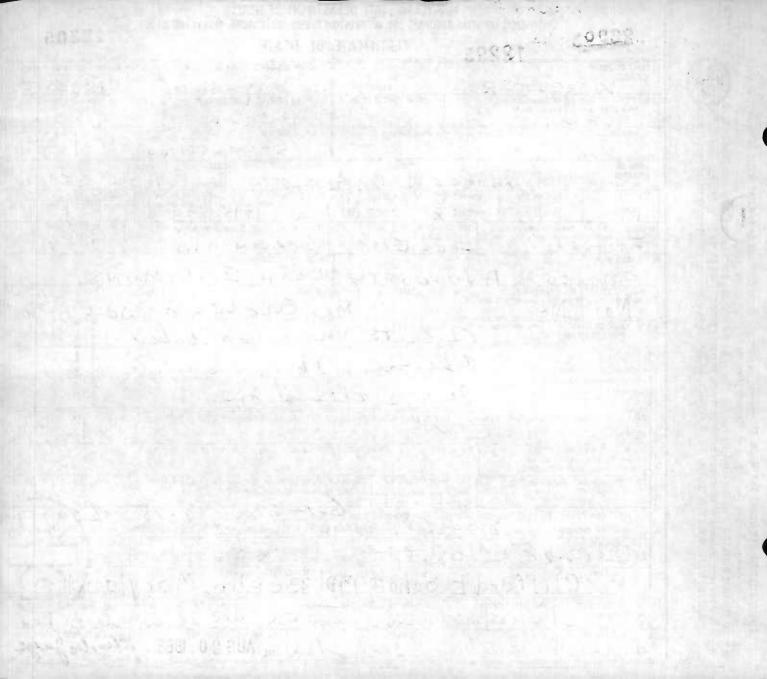
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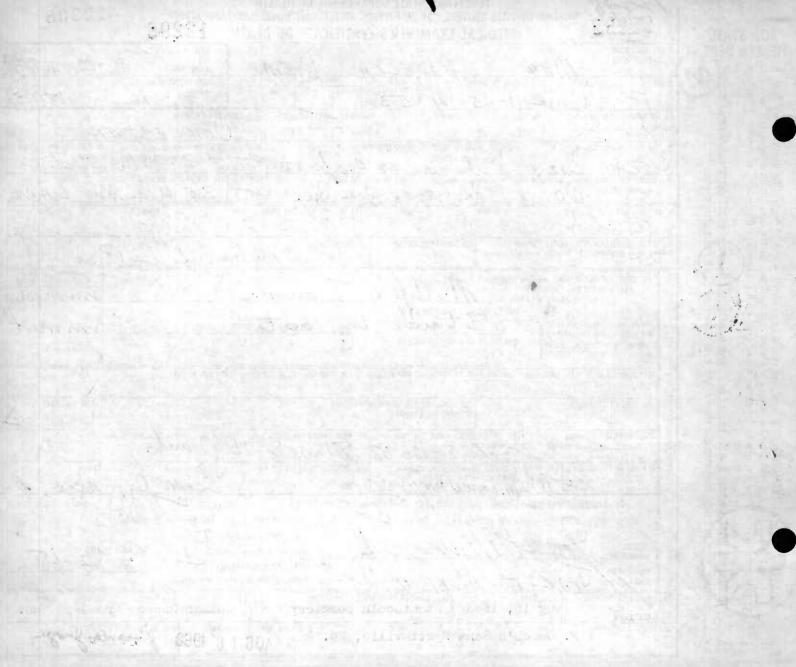
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. DECEASED-NAME 20. DATE KNOWN TO Month 2b. HOUR (Type or Print) OF ESTI-DEATH MATED E112 3 to Page Marie Connor 1968 10AM 3 SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (in years 2c DATE PRONOLINCED DEAD 2d. HOUR Female 8-7-47 Col. 1968 10:3 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH arm U.S.A. WIDOWED [7 DIVORCED [Wercester I and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give street oddress -Berlin during most of working life, even if retired.) Rural-Berlin 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? I3e. STREET AND NUMBER 13b. COUNTY Worcester Pecomoke odmission) STATE YES NO R.D. 2 Pocomoke after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost OXON 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) Md. State Police, Salisbury Barracks 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT permit PART I. DEATH WAS CAUSED BY Head and chest injuries INS CAR C event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove Automobile accident rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= 4 should be farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T 21b. TIME OF INJUNY Menth, 20168 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury-in Part) or Port 2, item 1B.) 3 shauld PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. Rural-Berlin City or Town County foctory, office building, etc.) Worcester NOT WHILE Rural-Berlin 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection -Inquiry and in my apinian death resulted fram: Natural causes Accident X Suicide Hamicide [Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** E. Schott. M. D. ADDRESS(Street, city, town, or country NAME (Type) 0 BURIAL, CREMATION 23d. COCATION (City or Town (County) (Stote) REMOVAL (Specify) Cem. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 748Ch GDATE AUG 12 1968 10M REV. 1/68

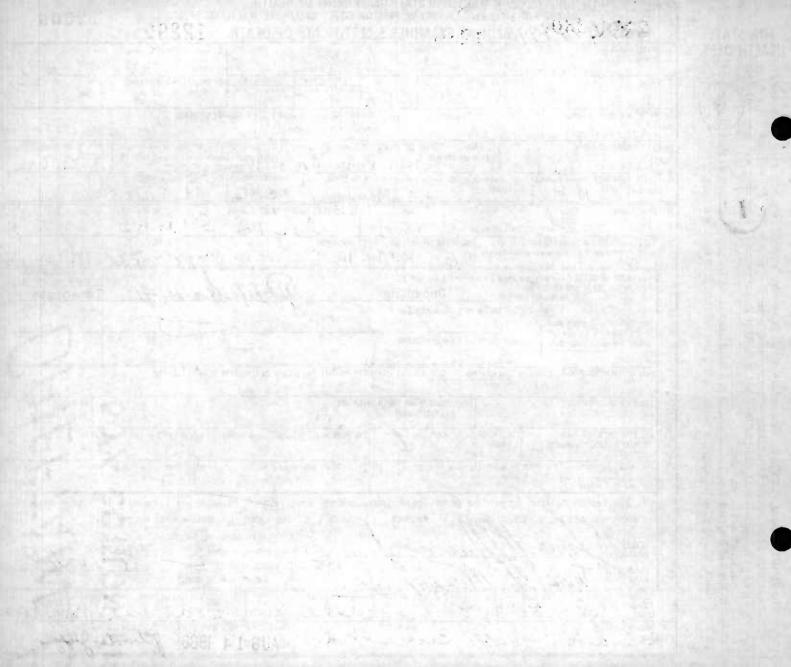
MAKTLAND STATE DEPAKTMENT OF HEALTH

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MAKTLANY STATE DEPAKTMENT OF REALTH



11	1 2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2309
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30	3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
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\$ 00°	death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE N. 1-1. 13b. COUNTY Manchester 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO	U
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d within 2 in pencil ir	Chief Medical Examiner' transit permit. File pages y event within 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or doles of service) 578-50-8291 (2) iz. C. Sivak 1816 Metavat Pd. A	elelphi Ma
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AL EX	for your post of the post of t	22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection , Inquiry , an	nd in my apinian
Dic please	director retained DIRECTOR TO BU	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
-	be r RAL price	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED EXAMINERS T 1557 DEPUTY MEDICAL EXAMINER 1	-68
O DEPUT	, w	NAME (Type) JAMES / T. // URRAY JR . ADDRESS(Street, city, town, or county)	
10	± ~ 6 ±	230 BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETRY OF CREMATORY 23d. LOCATION (Gity on Town) (Coupty) REMOVAL (Specify) 8 14 8 Brockale Deckharum 17	All Mes
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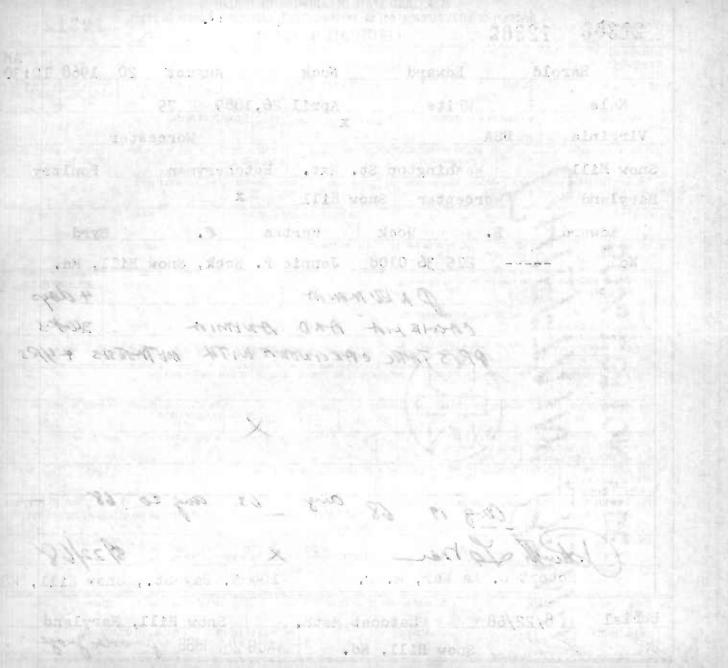


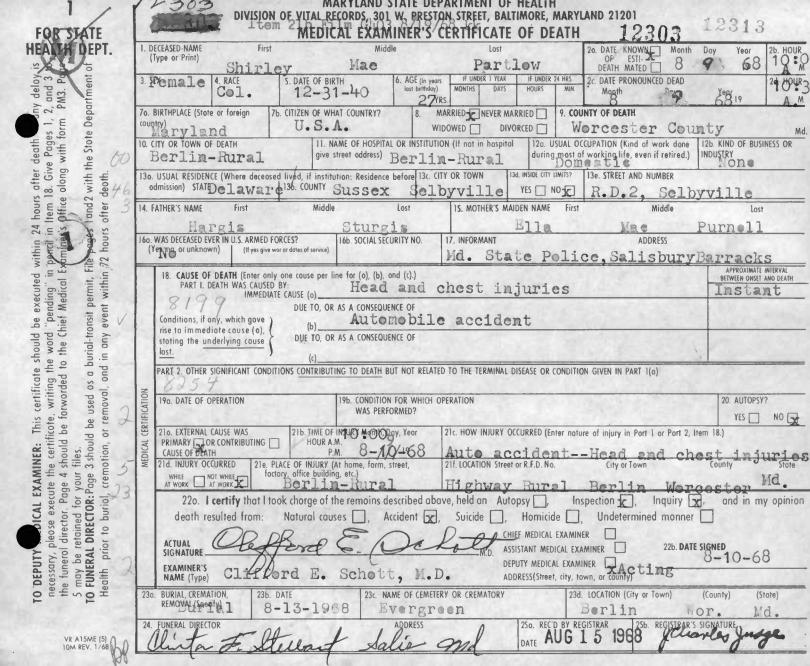
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 123:0 12300 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR Augustenth 3000y (Type or print) CECELIA 1968 P. HOUSTON requires that the death certificate be executed within 24 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last bithday) Female White December 6. 1871 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Maryland U.S.A. WIDOWED | DIVORCED WORCESTER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF INDUSTRY COUNTY
Welfare burial-transit permit. Then please remave carban pd burial, crematian, ar remaval, and in any event, within give street address Hartl during mest of working life, even if retired.) ey Hall Pocomoke 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREFT AND NUMBER 13b. COUNTWORCESter Maryland YES IX NO Stockton 15. MOTHER'S MAIDEN NAME First Middle Levi James Houston Sarah Elizabeth Messick 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no or unknown) Mrs Josephine Justice, Wattsville, Va. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Insufficiency, sec. to 2 below DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Arteriosclerosis, generalized severe Yrs. rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (a) Arteriosclerotic Myocarditis, with PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) This estimal multiple valvular lesions, secondary to 2 above. obstructionFOPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED WEETING NO. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta CAUSES OF DEATH? YES 🗍 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark dune 220. 1 certify that (I) (this hospital) attended the deceased from May 27, 1903, ta June 2,719 08, that (I) (we) last saw the deceased alive an June 27, 19 6, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR Sept. 3. 1968 N.E. Sartorius, Jr., M.D. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF EMISSEN OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) William Lee Washington. 250. REC'D BY REGISTRAR DASFP 4 1968 VR A15 (4) 30M REV, 1/68 Snow Hill, Maryland DASEP

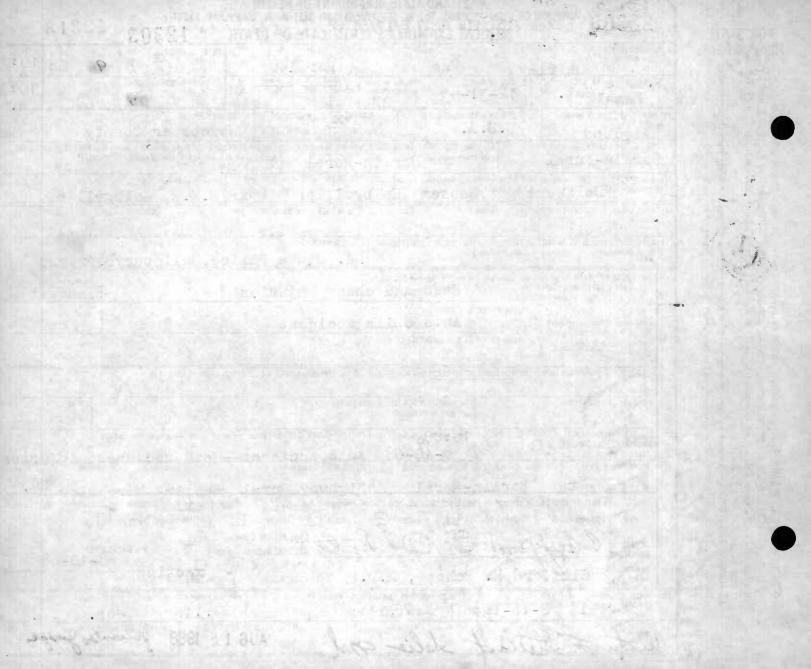
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y delay is and 3 ta	3. S	EX 4. RACE	V	S. DATE OF BIR 9-14-1	TH	6. AGE (In year last birthday)	MONTHS DAYS	HOURS N	RS. 2c. DATE PROM Month	NOUNCED DEAD	6 ^{Yeo} x 19	2d Hour
D 2 2		BIRTHPLACE (Stote or fore	ign 7b	. CITIZEN OF WHA	AT COUNTRY?	8. /	ARRIED NEVER M		COUNTY OF DEATH	_		//
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odmission) STATE M.D. 13b. COUNTY Baltimore BALTENORS					YES NO		ND NUMBER Barrett	Road	21207			
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I within 24 in pencil in Examiner's File pages 77 haurs		WAS DECEASED EVER IN U.S es, no, or unknown)		RCES? or or dates of service)	16b. SOCIAL SEC 212-07		17. INFORMANT Mrs. Mar	y M. Hui	del, 150	ADDRESS 3 Barret	t Road	21207
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) (b) Notrable Part is the property of the couse per line for (o), (o), and (c). PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) (b) Notrable Part is the property of the couse per line for (o), (o), and (c).									BETWEEN ON	IATE INTERVAL ISET AND DEATH		
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8 + 4 + B	WE	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PL	ACE OF INJURY (A ory, office building	At home, form, s g, etc.)	itreet,	21f. LOCATION Stree	et or R.F.D. No.	City or To	iwn	County	Stote
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TO D The C To P Head		BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. D	ATE 28-1967			RY OR CREMATORY National		23d. LOCATION (City Baltimor	y or Town)	(County)	(Stote)
VR A15ME (5)	VR A15ME (5) Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE ALIG 2 9 1968							de.				

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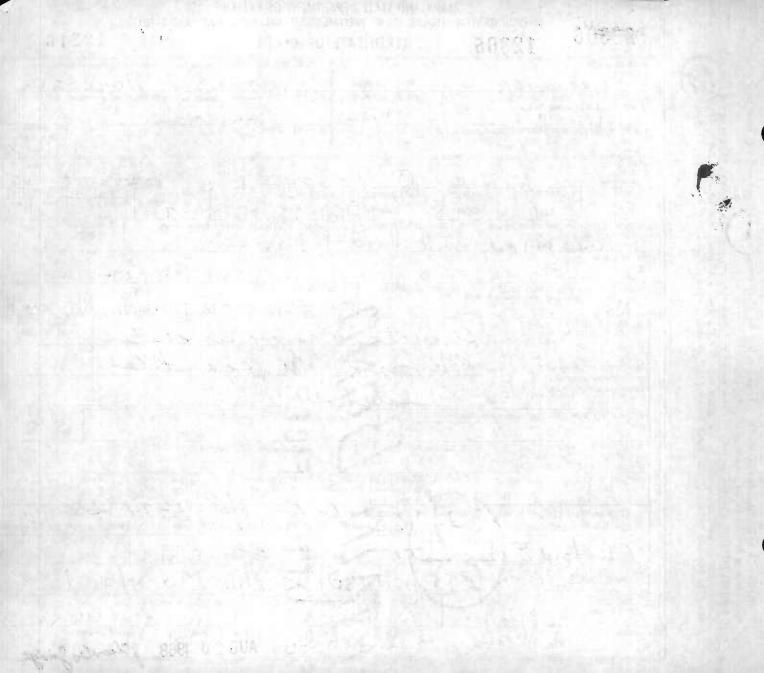


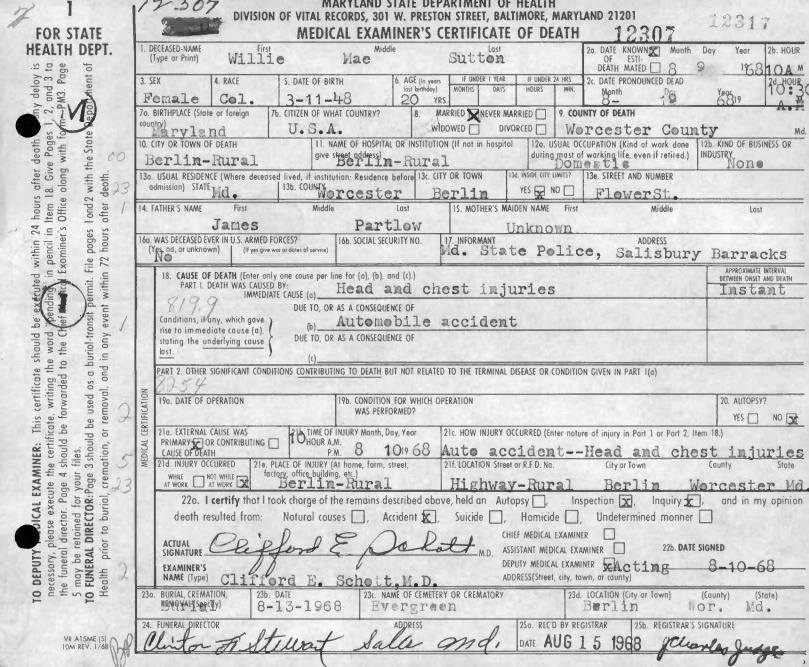


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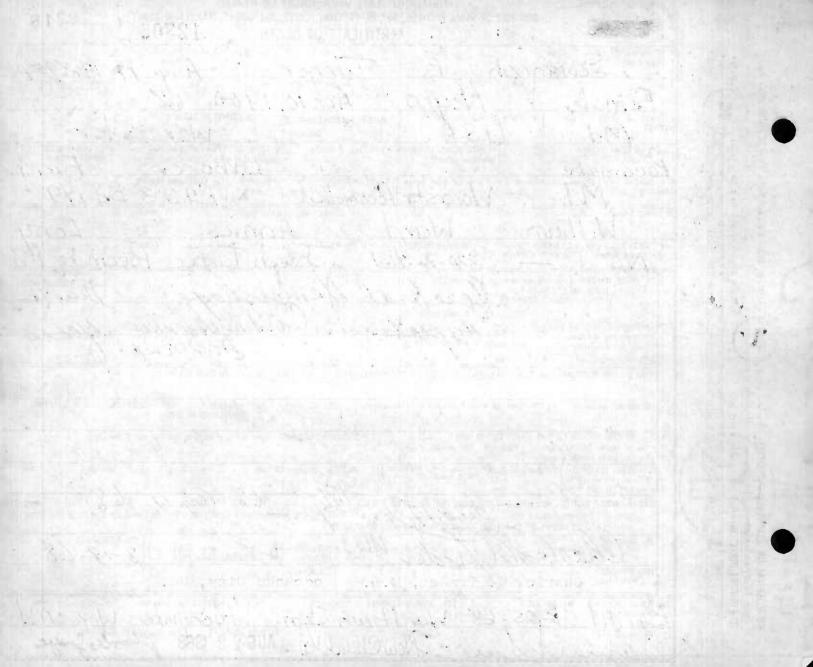
14	11	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12305 12315					
HEALTH DEPT.		SECULIA MANE					
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ny delay is 2, and 3 to PM3. Page	3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 22 HOOKS					
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Jep 7	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH					
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hin 24 ncil in niner's poges hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS					
with pen som ile p	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) NO - 10b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212-16-1221 Mrs. Edith Pennewell. Same as (1)						
- E		BE. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH					
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F	230	REMOVAL (Specify)					
_	24.	FUNERAT DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
VR A15ME (5)		Suald C Brund Snow Hill, Md. DATE AUG 15 1968 Icharles Juste					
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2a. DATE KNOWN OF ESTI-DEATH MATED EOR Pag 3. SFX DATE OF BIRTH 6. AGE (In years MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.), INDUSTRY and 2 with lived, if institution: Residence before 13c, CITY OR TOWN admission) STATE PROOKFIEL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Examiner's pencil 17. INFORMANT Yet no or unknown .⊆ ward "pending" in the Chief Medical E 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ERTENSION rise ta immediate cause (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= farwarded to and certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 remaval CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE I AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 Inquiry ond in my opinion death resulted fram: Natural causes 1. Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL the funeral SIGNATURE ASST DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, or county 50 BURIAL, CREMATION VR A15ME (5) 10M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

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